

BACKGROUND FORM



Name: _____

The purpose of this section is to better help HwC Master Trainers understand the skills and strengths you would bring to facilitating the HwC program, as well as those skill areas that could be strengthened through training and follow-up mentoring.

KNOWLEDGE OF CHILD DEVELOPMENT

1. Do you have a background in Early Childhood Education, Family Studies, Social Work; other; Please be specific and circle one or more that apply.

Relevant Education: Degree ____ Diploma ____ Certificate ____

Please explain:

2. How much working experience have you had working with children at different stages of development?

Birth to 2 years ____ 3-6 years ____ 7 to 10 years ____

Please explain:

MENTAL HEALTH

1. When you hear the words Mental Health, what do they mean to you?

2. What do you think of the emphasis currently placed on a person's social and emotional well-being or mental wellness? Why is it important? Or, is it?

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FACILITATION EXPERIENCE

Have you had previous experience facilitating parent or other adult groups? Yes ____ No ____

If so, what was the best part of it?

What was the most challenging part?

COMMUNITY RESOURCES

What are some of the strengths, agencies or social resources as well as the needs of the community where you live and/or work?